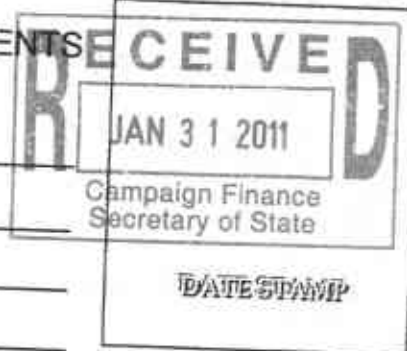



 Delbert Hosemann
 SECRETARY OF STATE

 Candidate
 REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Non-Judicial Election
Name of Candidate Ashley SkellieAddress P.O. Box 38, Long Beach, MS 39560Telephone 228-596-9855

Fax _____

Contact Name _____

Email _____

Office Sought Senate District 48Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- _____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 _____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 _____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 _____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 _____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>0</u> + \$ <u>0</u> = \$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Total amount of disbursements	\$ <u>500.00</u> + \$ <u>0</u> = \$ <u>500.00</u>	\$ <u>0</u>	\$ <u>500.00</u>
Total amount of cash on hand		\$ <u>577.50</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

 Signature of Candidate Ashley Skellie

 Date 1-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

 SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Ashley SkellieReporting period Dec 09through Dec. 10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Harrison County Republican Executive Committee</u>	<u>01/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>requesting info</u>		\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		\$
Purpose of Disbursement (Optional) <u>fundraiser for HCREC</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$